

Complaint Form

You have the right to file a complaint if you are not happy.
If you have any questions, or need help filling out this form, please contact Member Services.

Member Toll Free: 800-516-0165 Provider Toll Free: 800-896-2374 Hearing Impaired: TTY 7-1-1

Person filing complaint **Member** **Member Representative**

Member Representative name: _____

Member Representative phone number: _____

Type of complaint would you like to file **Written** **In-Person**

Member Name	Provider Name
Member Identification Number	Telephone Number
Telephone Number	Address
Address	City
City	State Zip
State Zip	

Please explain your complaint:

(use additional sheet(s) as necessary to explain your complaint and desired outcome)

Complaint Form

Please sign to allow DentaQuest to obtain any medical records and/or information needed to research your complaint.

Signature: _____

Date: _____

Return Completed Forms To: **DentaQuest**
Attention: Complaints
Stratum Executive Center
11044 Research Blvd
Building D, Suite D-400
Austin, TX 78759
Fax: 800-936-0913
Call toll free: 800-516-0165

Within 5 days of receiving your complaint, we will send you a confirmation letter. This letter will describe the complaint process and your rights. We will review the details of your complaint. A decision will be reached on your complaint within 30 days. The final decision letter will provide you with our findings and decision. The letter will also tell you what you can do if you are still not happy.

You can file a complaint with the Health and Human Services Commission if you do not agree with DentaQuest's decision.

Texas Health and Human Services Commission
Ombudsman for Managed Care
P O Box 13247
Austin, TX 78711-3247
Call: 866-566-8989

Website: <https://hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-managed-care-help>
(to file complaint online)

More information about complaints to the Health and Human Services Commission can also be found at: <https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/hhs-submit-complaint.pdf>